

Federal Benefits *FastFacts*: Insurance Benefits for New/Newly Eligible Federal Employees

As a new/newly eligible Federal employee, you may be able to enroll in health insurance, dental insurance, vision insurance, flexible spending accounts, life insurance, and/or apply for long term care insurance. Here's some basic information about each program. You can find more comprehensive information at <http://www.opm.gov/healthcare-insurance/>, in the *Guide to Federal Benefits* at <http://www.opm.gov/healthcare-insurance/healthcare/plan-information/guides/> or by contacting your agency's human resources office.

Program	Program Description
Federal Employees Health Benefits (FEHB) Program http://www.opm.gov/healthcare-insurance/healthcare/	FEHB provides comprehensive health insurance. You can choose from fee-for-service plans, health maintenance organizations, consumer-driven plans and high deductible health plans. Generally, premiums for your enrollment are shared by you and your Federal agency.
Federal Employees Dental and Vision Insurance Program (FEDVIP) http://www.opm.gov/healthcare-insurance/dental-vision/	FEDVIP provides comprehensive dental and vision insurance. You can choose from ten dental plans and four vision plans. FEDVIP features nationwide, regional, and international plans. You pay the entire premium.
Federal Flexible Spending Account Program (known as FSAFEDS) www.fsafeds.gov	FSAFEDS provides a way for you to save money on health care and/or child care/elder care expenses. You set aside money from your salary BEFORE taxes are withheld, incur eligible expenses and receive reimbursement. Enrolling in FSAFEDS lowers the amount of income tax you pay because the salary you set aside for FSAFEDS is not taxed.
Federal Employees' Group Life Insurance Program (FEGLI) www.opm.gov/life	FEGLI provides group term life insurance. If you are in a FEGLI-eligible position, you are automatically covered under Basic life insurance, unless you choose to waive that coverage. Generally, premiums for Basic insurance are shared by you and your Federal agency. You can also elect Optional insurance for you, and/or your eligible family members, and pay the entire premium for that coverage.
Federal Long Term Care Insurance Program (FLTCIP) www.ltcfeds.gov	FLTCIP offers insurance that helps cover the costs of certain long term care services. Long term care is the assistance you receive to perform activities of daily living or supervision you receive because of a severe cognitive impairment. Your premium is based on your age on the date you apply as well as the benefit options you select. The FLTCIP is medically underwritten. Certain medical conditions, or combinations of conditions, will prevent some people from being approved for coverage.

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The table below highlights some basic similarities and differences in the programs. You can find more comprehensive information at <http://www.opm.gov/healthcare-insurance/>, in the *Guide to Federal Benefits* at <http://www.opm.gov/healthcare-insurance/healthcare/plan-information/guides/> or by contacting your agency's human resources office.

Questions	Federal Employees Health Benefits	Federal Employees Dental and Vision Insurance Program	Federal Flexible Spending Account Program	Federal Employees' Group Life Insurance Program	Federal Long Term Care Insurance Program
If I'm eligible, how long do I have to enroll in or apply for the Program?	You have 60 days from date of becoming eligible to enroll in any or all of these three programs. Once you enroll, you may not change your enrollment (e.g. cancel, change plans, etc.) until the next annual open season or until you experience a qualifying life event.			You are automatically enrolled in Basic insurance and can waive it anytime. You have 60 days from date of becoming eligible to enroll in Optional insurance. You can apply at any time if you provide satisfactory medical information on an SF 2822.	You have 60 days from date of becoming eligible to apply with Abbreviated Underwriting. You can apply anytime with Full Underwriting.
How do I enroll as a new or newly eligible employee?	Complete and submit a form SF 2809; some agencies may have electronic enrollment.	Enroll at BENEFEDS.gov or call 1-877-888-3337.	Enroll at www.FSAFEDS.gov or call 1-877-372-3337.	Complete and submit an SF 2817 to your agency human resources office; some agencies may have electronic enrollment.	Complete and submit an application at www.LTCFEDS.gov or call 1-800-582-3337.
When does my coverage as a new or newly eligible employee become effective?	The first day of the first pay period that begins after your enrollment request is received and that follows a pay period during any part of which you are in pay status.	The first day of the first pay period that begins after your enrollment request is received.	The next day after you enroll.	Basic: The day you enter on duty in pay status. Optional: Begins on the first day you're in a pay and duty status on or after the date your agency receives your election.	The first day of the month after approval if you meet actively at work rules. Certain medical conditions or combinations of conditions will prevent some people from being approved for coverage
Which of my family members are eligible?	– Spouse, including a same-sex spouse and a common law spouse in states that recognize common-law marriage				Your spouse, including a same-sex spouse, or same-sex domestic partner
	<ul style="list-style-type: none"> – Child under age 26, including adopted child, stepchild (including children of same-sex domestic partners in certain states), recognized natural child. – Foster child (if living with employee in regular parent-child relationship); and – Child age 26 or over incapable of self support, if disabling condition happened before age 26. 	<ul style="list-style-type: none"> – Unmarried dependent child under age 22, including adopted child, recognized natural child, stepchild (including children of same-sex domestic partners in certain states), and foster child if living with employee in regular parent-child relationship; and – Child age 22 or over incapable of self-support, if disabling condition happened before age 22. 	For health care accounts, federal tax dependents and adult children through the year of their 26th birthday. For dependent care accounts, tax dependents under age 13 and qualifying tax dependents of any age who are mentally or physically incapable of self-care.	<ul style="list-style-type: none"> – Unmarried dependent child under age 22, including adopted child, recognized natural child, stepchild/foster child (if living with employee in regular parent-child relationship); and – Child age 22 or over incapable of self-support, if disabling condition happened before age 22. 	Adult children, parents, parents-in-law, and stepparents may apply (whether or not you apply).
Do I have to re-enroll each year?	No.		Yes.	No.	No.
When can I make changes to my coverage?	During the annual open season (mid-November through mid-December) or if you experience a program-specific qualifying life event (QLEs differ for each program).			During infrequent (not annual) open seasons or provide satisfactory medical information on an SF 2822 or experience a FEGLI-specific QLE.	At any time, but changes to coverage may require additional underwriting.

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Can I keep coverage if I leave Federal service?	– 31-day free extension of coverage; – Temporary Continuation of Coverage is available for separating employees for up to 18 months; and – Opportunity to convert to an individual policy or receive assistance in obtaining coverage inside or outside of the health insurance exchanges.	No.	No.	– 31-day free extension of coverage; and – Opportunity to convert to an individual policy	Yes, as long as premiums are paid timely.
Can I keep coverage when I retire?	Yes, if you meet certain requirements.	Yes.	No.	Yes, if you meet certain requirements.	Yes.